

Lake Washington United Methodist Church
Kirkland, Washington 98033
Emergency Information Sheet

Note: This information sheet is to be filled out by the parent or legal guardian of each participant. Should an emergency arise, the information will be used to inform any required medical treatment.

Name of participant _____ Date of birth _____

Home address _____ Phone _____

In case of medical emergency, I understand that every effort will be made to contact me and, failing that, the other named emergency contacts. If none of us can be reached, I hereby authorize and request the adult leader(s) to secure emergency medical and/or hospital care for the participant. Information the medical team may need is included below.

I accept full financial responsibility for any medical services required, including prescription and non-prescription drugs and other supplies, on behalf of my child.

Date _____ Signature of parent/guardian _____

Parent/Guardian name(s) _____ Home phone _____

Other parent phone(s) _____

Family doctor _____ Phone _____

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Health information (May be shared with other leaders and medical personnel as needed.)

Please list any medications which are being taken at present, including dosage, frequency, and any other pertinent information. _____

Does the participant have any limitations for physical activities? Yes/No.

If yes, please explain: _____

Does the participant have allergies to medications or other things? Yes/No.

If yes, please specify: _____

Does the participant have any food restrictions or required food accommodations? Yes/No.

If yes, please specify: _____

Is there anything else the leaders should know? Yes/No

If yes, please specify: _____